



**MASSACHUSETTS
REQUEST FOR HEARING**

TO: JOHN J. BILAFER, PARKING CLERK

Town of Arlington
Post Office Box 210
Arlington, Massachusetts 02476

In accordance with Massachusetts General Laws Chapter 90, Section 20A 1/2, I hereby request a hearing with regard to the issuance of a parking ticket in the **TOWN OF ARLINGTON**.

NAME OF REGISTERED OWNER:
(please print)

first middle initial last

NAME OF APPLICANT:
(if other than Registered Owner)

first middle initial last

ADDRESS:

Number street

town or city state zip code

TICKET NUMBER:

Ticket number is printed at the top of the ticket.

DATE OF VIOLATION:

CAR REGISTRATION INFO:

Plate number state

REASON FOR HEARING REQUEST:

(please use opposite side of this page or additional sheet if needed)

Please indicate which day and time frame listed below would be most convenient for you to attend a hearing

DAY (except Sunday):

First choice second choice third choice

TIME FRAME: (please check to the left of the time frame most convenient to you)

___ 9:00A.M. – 12:00 NOON ___ 2:00P.M. – 5:00P.M. ___ 7:00 P.M. – 9:00 P.M.
(Morning) (Afternoon) (Evening)

Date of this request

Signature of Registered Owner

Please mail this request to the PARKING CLERK, P.O. Box 210, Arlington MA 02476

You will be notified of the time and date that a hearing has been scheduled. If you fail to appear at the Hearing, payment in full is due with regard to all tickets listed in this Request.